

## **Minutes of the Health & Human Services Committee**

**Thursday, May 10, 2012**

Chair Yerke called the meeting to order at 1:00 p.m.

**Present:** Supervisors Gilbert Yerke, Cathleen Slattery, Bill Zaborowski, and Janel Brandtjen. Kathleen Cummings arrived at 1:04 p.m. **Absent:** Jim Batzko and Jim Jeskewitz.

**Also Present:** Legislative Policy Advisor Sarah Spaeth, County Board Chair Paul Decker, Health & Human Services Director Peter Schuler, Health & Human Services Deputy Director Antwayne Robertson, Senior Financial Analyst Bill Duckwitz, and Children & Family Services Manager Lisa Roberts. Recorded by Mary Pedersen, County Board Office.

### **Announcements**

Decker advised that most decisions made today will last for years. From a budgetary standpoint, state and federal funds have been cut significantly and it will be important for this committee to ensure that quality services continue for the citizens of this county. Employers benefit from the county's quality infrastructure and they understand the importance of quality services. We need to continue our jobs as supervisors to keep Waukesha County vibrant and a great place to live.

Cummings arrived at 1:04 p.m.

Cummings announced that Historic Preservation Day will be held on May 19 and 20 in the City of Waukesha.

### **Review Correspondence**

- A copy of the grant application for Title V Community Prevention Grant (truancy prevention) was distributed.
- Copies of the Health & Human Services Committee/Board meeting schedule were distributed.
- Copies of written commentary from the Health & Human Services Board's public hearing of March 29 were distributed.

### **Advisory Committee Reports**

Brandtjen advised the Community Health Improvement Plan (CHIP) Committee is close to developing their objectives with areas hospitals, etc. for providing quality health initiatives with measurable results going forward the next five years. Subcommittees will be formed to address the issues.

Yerke said applications for Community Development Block Grant funds were due by noon today. However, it is likely they will not be reviewed until September, partly because the federal government has not released budget figures.

### **Schedule Next Meeting Dates**

- June 14 (Combined with the Health & Human Services Board at the Human Services Center).

### **Future Agenda Items**

Yerke said this committee may occasionally meet at partnering agencies for educational purposes during this term. Brandtjen requested an update by the Environmental Health Division.

### **State Legislative Update**

Spaeth advised the Legislature is currently in recess. However, a list of study committees was released last week. One study committee will look at restoring 911 call center funding for counties. Currently, 911 surcharges go to the State. Brandtjen asked if family care was on the list whereby Spaeth said no.

### **Committee Welcome and Opening Remarks by Chair**

Yerke welcomed the committee and thanked Brandtjen for her diligence on human services issues. He noted that Health & Human Services encompasses about 25% of the annual county budget. We have a great staff and supervisors should feel free to contact them at any time. The County is currently building a new human services building. He encouraged supervisors to read the monthly newsletters from Human Services staff. Also, economic interest statements are due May 31.

### **Nomination and Election of Vice Chair and Secretary**

MOTION: Cummings moved, second by Slattery to elect Brandtjen as vice-chair. Motion carried 5-0.

MOTION: Brandtjen moved, second by Slattery to elect Cummings as secretary. Motion carried 5-0.

### **Discuss Committee Duties and Responsibilities as Contained in the Code of Ordinances**

Spaeth reviewed the County Code as it relates to this committee as outlined. This committee has budget and policy oversight of the Health & Human Services Department and also the ADRC Advisory Board, Veterans' Services Commission, Health & Human Services Board, Long Term Support Planning Committee, and the Waukesha Housing Authority. This committee will be responsible for coordinating and recommending to the County Board all matters requiring legislation relating to aging, community human services, housing, public health, and veterans' policies.

Anyone arriving late or absent from future meetings should inform Mary Pedersen in the County Board Office for quorum purposes. Spaeth said committee members should treat each other with respect and patience, raise your hand to get the chair's attention if you want to speak, ask probing questions, thoroughly understand the issues from both sides, and follow open meetings laws. Yerke said it is important to remember that all meetings are recorded and these recordings are available to the media and the public upon request. He noted that the majority of the discussions and debates should occur at the committee level, not the county board level.

### **Educational Overview of the Health & Human Services Department**

Schuler and Robertson were present to discuss this item. Schuler reviewed the history of the Health & Human Services Department and how it operates under the State Statutes and Administrative Rules. Their mission statement is as follows: In partnership with the community, and in response to public need and legal mandates, the department provides a wide range of high quality services which promote health, safety, self-sufficiency, and improved quality of life.

The total 2012 adopted expenditure budget for the department is \$63,629,000 and includes \$24,781,000 of county tax levy. Schuler said there are many funding sources. One other is State Community Aids, otherwise known as BCA – a general purpose funding category (with exceptions) totaling about \$11 million. For the most part, this funding allocation has not increased since 1996. Funding sources will be discussed further as we near the budget process.

Schuler gave an overview of the department's divisions which include Administrative Services (7.3% of the total department budget) Long Term Care (4.7%), Intake & Support Services (10.4%), Adolescent & Family Services (13.4%), Child & Family Services (10.4%), Clinical Services (22.3%), Mental Health Center (9.3%), Public Health (5.5%), Aging & Disability Resource Center (13.7%), Criminal Justice Collaborating Council (2.6%), and Veterans' Services (0.4%). Schuler spoke about how their services are aimed at preventing more costly services/facilities. The department partners with a number of non-profit organizations in delivering many of them.

Human services are delivered from five locations: the Workforce Development Center (Income Maintenance), Mental Health Center (inpatient and community programs), Juvenile Center (secure and non-secure detention), Human Services Center (ADRC, Child & Family, Veterans' Services, Administrative Services, Mental Health and AODA outpatient clinics, Adult Protection Unit, and Adolescent & Child), and Public Health Center (Public Health Division).

Robertson said on average, 3,260 clients are served in the child welfare area each month. This includes Adolescent & Family Services, Children & Family Services, and Intake & Support Services. In addition, 312 are served in Veteran's Services, 117 in the ADRC, 3,273 in Public Health, and 2,725 in Clinical Services.

### **Update on Trauma Informed Care Initiative**

Schuler said the department has many strategic objectives listed in the budget book. One he emphasized for this year was trauma sensitive services. Through both research and practice knowledge on the issue of trauma, we now know how it affects many symptomatic behaviors in individuals who end up with a variety of problems.

Robertson distributed a handout on Trauma Informed Care. Trauma can include war, abuse and neglect, violence, divorced parents, mental illness in the family, etc. This initiative provides a new perspective, a philosophy change – one in which those providing support and services shift from asking “what is wrong with you” to “what has happened to you.” This change reduces the blame and shame that some people experience when being labeled with symptoms and diagnosis. It also builds an understanding of how the past impacts the present which effectively makes the connections that progress towards healing and recovery. Robertson explained the guiding principles and steps taken at both the County and State levels. Trauma affects a majority of our population – about 56%.

Robertson said a multidisciplinary team of staff attended a two-day trauma training session by leading trauma expert, Dr. Bruce Perry. This same team participated in monthly case consultations with Dr. Perry for 18 months. The Trauma Partnership was developed and consists of 60+ community partners who meet every other month to increase knowledge about trauma, and network and share resources. Trauma training is provided to foster parents and caregivers. At-risk

intervention is offered to kids zero to five who have extensive trauma history to help them develop social skills, emotional regulation, and communication skills.

On the State level, the ACE (Adverse Childhood Experiences) Study was initiated by Dr. Robert Anda. A Trauma Informed Care consultant provides training to the public, various agencies, counties, etc. throughout the state. The Fostering Futures Committee which includes the State's first lady, Tonette Walker, looks at trauma, the effects of trauma, and interventions.

Robertson noted that when stress levels are high, such as a family that has been affected by the economy, there is a higher risk for child abuse and neglect, alcohol and drug addiction issues, etc. Robertson said since the economic downturn, the department has experienced an increase in child abuse referrals and neglect and child welfare referrals. In 2009, the department received 90 referrals for child welfare services. In 2010 there were 773 and in 2011 there were 1,092. Robertson said through a national study, it was determined that the more someone has been affected by trauma, the higher likelihood they will be on Medicaid. There is a higher likelihood that person will not graduate from high school and they will have an income of less than \$25,000 per year. If we do not intervene early, these people will end up in high-end cost services affecting our health system, education system, prison system, mental health and AODA, etc.

MOTION: Brandtjen moved, second by Cummings to adjourn at 2:35 p.m. Motion carried 5-0.

Respectfully submitted,

Kathleen M. Cummings  
Secretary